

PRE-APPROVAL SITE REQUEST/VISIT FORM
TO BE CONDUCTED BY SPONSOR

Sponsor Name _____ CNIPS # _____

Address _____

1. Center Name _____ County _____

Address _____

Telephone _____ Director _____

Type of Center ___ Child Care ___ Outside School Hours

___ Head Start ___ Homeless ___ ADC ___ Title XIX (ADC)

2. Licensed Capacity _____ Expiration Date ____/____/____

3. Total number of participants enrolled _____ Number in attendance _____

4. Indicate type of meals to be claimed for reimbursement.

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late Night Snack
Time of Meal Service						
Estimated Number to be Served						

5. How will meals be provided? _____ Self-Preparation _____ Contract _____ Central Kitchen _____ Other

6. Has center staff been trained according to USDA meal pattern requirements? ____ Yes ____ No

7. Is an enrollment form on file for each participant? ____ Yes ____ No

8. Will family size and income information be obtained for each participant? ____ Yes ____ No

9. Have record keeping requirements been explained and discussed with the center director? ____ Yes ____ No

10. Date that Center's Staff received Civil Rights Training? _____

11. List names of personnel responsible for CACFP Administration and Food Service. Include specific duties assigned to each.

Administration	Duties
Food Service	Duties

12. Has racial/ethnic information been collected on the area to be served? ____ Yes ____ No

_____/_____/_____
Signature of Center Director Date Authorized Sponsor Representative Date